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PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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Warm Springs Tribe
Yakama Nation

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SUBMITTED VIA consultation@ihs.gov

October 1, 2019

RADM Michael D. Weahkee,
Principal Deputy Director
Indian Health Service
5600 Fishers Lane, Mail Stop: 08E86
Rockville, MD 20857
ATTN: IHS Behavioral Health Funding

RE: Tribal consultation on the behavioral health initiatives funding mechanism recommendations by the IHS National Tribal Advisory Committee on Behavioral Health

Dear Principal Deputy Director Weahkee:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I submit the following comments on recommendations by the Indian Health Service (IHS) National Tribal Advisory Committee on Behavioral Health (NTAC) based on input gathered from the initial comment period, in response to IHS Dear Tribal Leader Letter (DTLL), dated August 2, 2019. Established in 1972, the NPAIHB is tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, representing the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. In the Portland Area, 75% of the total IHS funding is compacted or contracted and includes 6 federally operated service units, 16 Title I Tribes, 26 Title V Tribes, 3 urban facilities, and 3 treatment centers. NPAIHB works closely with the IHS Portland Area Office, operating a variety of important health programs on behalf of our member tribes, including the Northwest Tribal Epidemiology Center.¹ NPAIHB appreciates the opportunity to provide comments to IHS on NTAC's recommendations on the funding mechanism to distribute behavioral health initiative funds.

I. BACKGROUND

The NTAC is the advisory body to the IHS Division of Behavioral Health and to the Director of IHS and is comprised of elected tribal leaders or designees selected to represent the twelve IHS service areas. The purpose of NTAC is to provide

¹ A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

guidance and recommendations on issues that affect the delivery of behavioral health care for American Indians and Alaska Natives (AI/ANs). One of the primary obligations of NTAC is to provide input on behavioral health funding for programs and guarantee the funding is distributed in the most effective and efficient way possible to help reduce the burden of suicide, substance use disorder, and domestic violence in Indian Country. IHS behavioral health initiatives include the Substance Abuse and Suicide Prevention Program (SASPP or SASP), the Domestic Violence Prevention Program (DVPP), and the Zero Suicide Initiative (ZSI).

In 2018, IHS conducted tribal consultation based on the explanatory statement in the Consolidated Appropriations Act of 2018 which encouraged IHS to transfer behavioral health initiative funding through contracts and compacts authorized by ISDEAA rather than through grant instruments. NTAC reviewed all comments submitted through the tribal consultation process and sent its recommendation to IHS Principal Deputy Director, RADM Michael Weahkee, on March 14, 2019.

Currently, the total funding amount appropriated for IHS behavioral health initiatives nationally is \$59.2 million. Of this total amount, the IHS funds approximately \$51.9 million through grants and federal awards that includes \$5.9 million for urban Indian organizations. The remaining \$7.3 million supports IHS national management. NTAC determined that congressional set asides (i.e. city of Gallup, YRTC, PARD, and BH2I) totaling \$10.7 million are not eligible for tribal consultation. Therefore, NTAC recommendations for IHS behavioral health initiatives funding are based on the remaining \$48.5 million.

II. GENERAL COMMENTS

For the FY 2020 funding year, NPaiHB supports NTAC's recommendation to "[c]ontinue national distribution methods of allocating funds to all 12 IHS areas using the current funding formula, permitting Areas to determine distribution methodology appropriate to that area through fiscal year 2020."

For the funding cycle beginning in FY 2021, NPaiHB supports the behavioral health funding mechanism for current grantees to have the option to transfer their behavioral health initiative grant funds to ISDEAA contracts or funding agreements. Northwest Tribes have been at the forefront of ISDEAA contracting and compacting, and are in the best position to understand the behavioral health needs and priorities of their citizens. Under this authority, tribal capacity expands, knowledge and recognition of local issues increases, and greater community engagement results in the ability to meet local needs. In addition, the current funding mechanism for behavioral health initiatives prevents tribes from collecting the full costs of administering the program, thereby reducing direct services. Transferring the grants to ISDEAA contracts and compacts will allow current grantees to receive CSC funding to assist in covering administrative costs associated with managing these behavioral health programs. This is consistent with the Congressional intent to maximize tribal resources available for the delivery of health care programs.

As to Title I direct service programs, NPaiHB recommends that grants be awarded through a non-competitive streamlined and simplified grant process.

III. SPECIFIC COMMENTS

NPAIHB makes these specific comments on NTAC’s recommendations on the Substance Abuse and Suicide Prevention Program (SASPP), also known as the Methamphetamine and Suicide Prevention Initiative (MSPI), the Domestic Violence Prevention Program (DVPP), and the Zero Suicide Initiative (ZSI).

A. Substance Abuse and Suicide Prevention Program (SASPP)

The SASPP program funding opportunity provides culturally appropriate prevention and early intervention strategies aimed at reducing suicide and substance use and misuse among AI/AN youth up to age 24. There are 175 federal, tribal and urban projects funded in four purpose areas for the FY 2015 to FY 2020 funding cycle. NTAC made the following funding recommendation for the SASPP program beginning in FY 2021:

TABLE 1: NTAC Substance Abuse and Suicide Prevention Program (SASPP) Recommendations

Substance Abuse & Suicide Prevention Program (SASPP) -	\$31,975,137	NTAC Recommended Funding Amount	NTAC Recommendations
Tribal Grants and Program Awards -	\$24,918,083	\$26,011,882	Distributed through new methodology. Increase funding to \$26,011,882
UIOs -	\$3,054,164	\$3,054,164	No change to the methodology, however, update UIO definition.
National Management	\$4,002,890	\$610,677	Recommend a \$610,677 budget to fund the Suicide Prevention Coordinator, the National SASPP Coordinator and the Education Development Center for Zero Suicide. \$758,000 to be reinvested into Tribal Epidemiology Centers (TECs). \$328,230 to be reinvested into Tribal Grants and Program Awards.
<i>HQ Staff (9FTE)</i>	<i>\$1,386,230</i>	\$300,000	Decrease APOs from 4 to 0. Keep the Suicide Prevention Coordinator and the National SASPP Coordinator. Decrease HQ staff funding to \$300,000.
<i>NIHB</i>	<i>\$150,000</i>	\$250,000	\$250,000; with increased scope of work to current cooperative agreement
<i>Tribal Epi Centers</i>	<i>\$1,242,000</i>	\$2,000,000	Increase funding to \$2,000,000. Scope of work will increase to include data coordination, grants management, and reports to Tribes.
<i>AASTEC Cooperative Agreement</i>	<i>\$215,000</i>	\$0	These funds should be reallocated to Tribal Grants and Program Awards
<i>NCUIH</i>	<i>\$75,000</i>	\$0	These funds should be reallocated to Tribal Grants and Program Awards
<i>Education Development Center for Zero Suicide</i>	<i>\$310,677</i>	\$310,677	No change
<i>HORNE Creative Group</i>	<i>\$107,446</i>	\$0	Reinvest \$107,446 back into Tribal Grants and Program Awards

1. Tribal Grants and Program Awards

NPAIHB is supportive of the NTAC recommendation to increase the Tribal Grants and Program Awards funding from \$24,918,003 to \$26,011,882 distributed through the new methodology of ISDEAA compacts and contracts, if tribes choose. This also includes \$3,128,907 for Federal Program Awards. The opportunity for tribes to receive funding through ISDEAA compacts and contracts will lead to increased flexibility, customization and improvement of behavioral health care for our communities through tribally-run programs.

2. National Management Funds

The NTAC recommends decreasing the National Management funding from \$4,002,890 to \$610,677. We concur with the NTAC recommendation to decrease the national management funds which would provide an additional \$758,000 more funding to Tribal Epidemiology Centers (TECs) and \$328,230 for Tribal Grants and Program Awards. While we support the decrease, NPAIHB requests continued funding for the Suicide Prevention Coordinator and the National SASPP Coordinator. The Suicide Prevention Coordinator and SASPP Coordinator have been instrumental in suicide prevention and have responded to suicide crises across Indian Country. These positions also provide high level assistance and support to tribes.

3. Headquarters Staff (9 FTE)

The NTAC recommends decreasing Headquarters (HQ) staff funding from \$1,386,230 to \$300,000. The current funding provides for 4 Area Project Officers (APOs) which NTAC recommends be eliminated in the next funding cycle. Prior to a final decision on the APOs, NPAIHB requests a summary of APO duties and a summary of the current technical assistance provided to grantees by the current APOs.

Currently, Portland Area grantees are able to receive support and technical assistance from NPAIHB TEC and staff, therefore a large amount of assistance from HQ staff is not always as necessary. However, additional funding is needed if TECs are expected to provide additional technical assistance to grantees. NPAIHB supports the NTAC recommendation for HQ staff funding to be redirected to tribes and TECs.

However, with a proposed reduction in HQ staff, we believe the NTAC and Portland Area Tribes need to be provided information on what level of assistance the Suicide Prevention Coordinator and SASPP Coordinator will be able to provide to all the grantees across Indian Country if the number of APOs are decreased or are completely removed. As mentioned above, the Suicide Prevention Coordinator and SASPP Coordinator provide support to tribes and should continue to be funded.

4. National Indian Health Board (NIHB)

The NTAC recommends that the funds for the current National Indian Health Board (NIHB) cooperative agreement funding be increased from \$150,000 to \$250,000 along with an increase in the scope of work. The current NIHB cooperative agreement includes an annual work plan with the following objectives: (1) Assist with coordination and leadership of national representative bodies seeking to address behavioral health concerns in Indian Country; (2) Partner with IHS to conduct a distinct, one-day, American Indian and Alaska Native (AI/AN)-specific conference on

current and pressing behavioral health topics to coincide with the Tribal Public Health Summit; and (3) Implement and maintain a technical assistance and capacity building assistance program that will address programmatic and policy needs of tribal behavioral health programs. The primary NIHB deliverable is the AI/AN National Behavioral Health Conference. With the additional \$100,000 funding for the NIHB cooperative agreement, NPAIHB requests that the NTAC be provided with the expanded scope of work for NTAC's review and approval.

5. Tribal Epidemiology Centers (TECs)

The NTAC recommends \$758,000 from the HQ staff funding line item to be reinvested into TECs, which would increase funding to \$2,000,000 for TECs. NTAC's recommendation states that the TEC's scope of work will increase to include "data coordination, grants management, and reports to Tribes." Currently, TECs cooperative agreements are for the provision of technical assistance to the SASPP and DVPI projects within each regional area. TECs provide: (1) Technical assistance for funded projects to establish baseline data related to their SASPP/DVPI funding projects; (2) Assist sites with revising their plans for local data collections; (3) Provide technical assistance for funded projects to monitor trends on baseline data; (4) Provide site visits for tailored technical assistance, as funding permits; and (5) Provide virtual site visits for tailored technical assistance for all funded projects.

NPAIHB supports increasing the funding for TECs to expand technical assistance, data coordination, grants management, and reporting to tribes. However, NPAIHB requests further discussion with TEC leadership on the increased scope of work to ensure the funding is aligned with and supportive of activities and additional TEC staff.

6. Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Cooperative Agreement

NTAC recommends that IHS reallocate all funding, which is currently \$215,000, for the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Cooperative Agreement to Tribal Grants and Program Awards. The AASTEC deliverables include national aggregate reports and 12 IHS Area reports for the SASPP and DVPI programs reporting requirements. It would be important for IHS to fully inform the NTAC on the role of the AASTEC and its deliverables. NPAIHB does not support elimination of this funding but would potentially support a decrease in this cooperative agreement beginning in FY 2021 if the scope of work does not support the deliverables. NPAIHB also supports opening this scope of work or cooperative agreement in the next funding cycle to all TECs.

7. Education Development Center for Zero Suicide

The NTAC recommends no change to the current funding amount of \$310,677 for the Education Development Center for Zero Suicide (EDC). Under this contract, EDC is responsible for implementing a culturally appropriate Zero Suicide model in selected AI/AN primary care and behavioral health systems. Through this approach, IHS addresses a core IHS priority to improve the quality of and access to care; while simultaneously pursuing goals of the of the 2012 National Strategy for Suicide Prevention to promote suicide prevention as a core component of health care

services; and, to promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors, respectively.

NPAIHB understands that the EDC contract has been a significant source for assisting the Zero Suicide grantees in other IHS Areas. However, we are unclear of the assistance provided by the EDC to the Portland Area Tribes. If the contract continues at \$310,677, NPAIHB requests a description of the services that can be accessed by Portland Area Tribes. The amount of EDC's contract must support or justify the services available to tribes. In addition, NPAIHB recommends that the EDC utilize a 1.0 full time equivalent (FTE) specifically dedicated to the providing technical assistance to AI/AN Zero Suicide grantees and other Tribes interested in developing or knowing more about Zero Suicide initiatives.

8. HORNE Creative Group

The NTAC recommends IHS discontinue the contract with the HORNE Creative Group and reinvest the \$107,446 back into Tribal Grants and Program Award. This group does not represent what the tribes stand for or portray a positive image. The Horne Create Group provides images and language for social media postings and monitors outcome metrics. Social media images and content are related to overall mental health and recruitment for behavioral health positions. NPAIHB supports NTAC's recommendation to reinvest HORNE Creative Group funds into the Tribal Grants and Program Awards.

B. Domestic Violence Prevention Initiative (DVPP)

The Domestic Violence Prevention Program (DVPP) is a congressionally mandated, nationally coordinated grant and federal award program for tribes, tribal organizations, federally operated programs, and urban Indian organizations providing violence prevention and treatment services. The DVPP is comprised of 83 projects funded through two purpose areas for a five-year funding cycle from FY 2015 to FY 2020. NTAC made the following funding recommendation for the DVPP program beginning in FY 2021:

TABLE 2: NTAC Domestic Violence Prevention Program (DVPP) Recommendations

Domestic Violence Prevention Program (DVPP)	\$12,967,278	NTAC Recommended Funding Amount	NTAC Recommendations
Tribal Grants and Program Awards	\$9,775,838	\$10,443,700	Distributed through new methodology. Increase funding to 10,443,700
UIOs	\$1,400,000	\$1,400,000	No change to the methodology, however, update UIO definition.
National Management	\$1,791,440	\$1,123,578	National Management to be determined. Decrease the number of APOs from 4 to 0. This will decrease National Management funding by \$667,862 leaving \$1,123,578. The \$667,862 should be moved to Tribal Grants and Program Awards.
<i>NIHB</i>	\$50,000	\$50,000	No change
<i>Tribal Epi Centers</i>	\$828,000	\$828,000	No change

1. Tribal Grants and Program Awards

The NTAC recommends increasing the DVPP Tribal Grants and Program Awards from \$9,775,838 to \$10,443,700, distributed through the new ISDEAA compacts and contracts methodology. NPAIHB supports the NTAC recommendation to increase the DVPP Tribal Grants and Program Awards.

2. National Management Funds

The NTAC recommends a reduction in the DVPP National Management funding from \$1,791,440 to \$1,123,578. NTAC recommends decreasing the DVPP APOs from 4 to 0, which will reduce the National Management funding by \$667,862 and leave \$1,123,578 for National Management. The \$667,862 will then be reallocated to Tribal Grants and Program Awards. Before the APOs are eliminated, NPAIHB requests a summary of APO duties and a summary of the current technical assistance provided to DVPP grantees by the current APOs. We believe that for the Portland Area grantees, our NPAIHB staff play a crucial technical assistance role, therefore not as much support is needed from the Area Office. However, there is a need for funding to support additional technical assistance from TECs.

Generally, NPAIHB supports the NTAC recommendation for a reduction in the National Management funds to be provided to the tribes and TECs. However, we believe the NTAC and Portland Area Tribes need to be provided information on what level of assistance HQ and the IHS Area offices can provide to all the grantees across Indian Country if the number of APOs are decreased or are completely removed.

C. Zero Suicide Initiative (ZSI)

The ZSI Program model is a comprehensive approach to suicide care which aims to reduce the risk of suicide for all individuals seen in health care systems. The ZSI program is funded nationally at \$3,600,000 with a three-year funding cycle from FY 2017 to FY 2020. Currently, the IHS Portland Area does not receive any ZSI funding, thus, nor does NPAIHB. NTAC made the following funding recommendation for the ZSI program beginning in FY 2021:

TABLE 3: NTAC Zero Suicide Initiative (ZSI) Recommendations

Zero Suicide Initiative (ZSI)	\$3,600,000	NTAC Recommended Funding Amount	NTAC Recommendations
Tribal Grants and Program Awards	\$3,200,000	\$3,497,415	Increase funding to \$3,497,415
National Management	\$400,000	\$0	This funding should be reallocated to Tribal Grants and Program Awards.
<i>AASTEC Cooperative Agreement</i>	\$50,000	\$0	This funding should be reallocated to Tribal Grants and Program Awards.
<i>Education Development</i>	\$102,585	\$102,585	No change

<i>Center's Zero Suicide Training Contract</i>			
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1. Tribal Grants and Program Awards

The NTAC recommends that the Zero Suicide Initiative (ZSI) funding increase from \$3,200,000 to \$3,497,415 distributed through the new ISDEAA compacts and contracts methodology. NPAIHB supports the NTAC recommended increase of funding to the ZSI Tribal Grants and Program Awards.

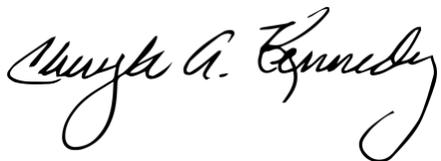
2. National Management Funding

NTAC recommends a reduction in the ZSI National Management funding from \$400,000 to \$0, and be reallocated to Tribal Grants and Program Awards. While we support the decrease, NPAIHB requests continued funding for the ZSI Coordinator. The ZSI Coordinator is integral in suicide prevention and has worked alongside the Suicide Prevention Coordinator and SASPP Coordinator to respond to suicide crises across Indian Country. NPAIHB requests the scope of work and additional information to be provided to tribes and NTAC to consider how tribes and TECs can take over these activities.

IV. CONCLUSION

We thank you for this opportunity to provide comments and recommendations on the funding mechanism to distribute behavioral health initiative funds provided by the NTAC, and we look forward to further engagement with IHS to meet critical behavioral health challenges in Northwest Tribal communities. If you have questions or would like more information about our recommendations discussed above, please contact Laura Platero, Government Affairs/Policy Director at (503) 407-4082 or by email to lplatero@npaihb.org or Sarah Sullivan, Health Policy Analyst at (703) 203-6460 or by email to ssullivan@npaihb.org.

Sincerely,



Cheryle A Kennedy
Vice Chair, Northwest Portland Area Indian Health Board
Chair, Confederated Tribes of Grande Ronde